Holliston Insurance Advisory Committee
February 27, 2014
Selectmen's Meeting Room

Attendees: Elizabeth Greendale, Town Hall Rep.
Leslie McDonnell, Library Rep.
Michael Cassidy, Fire Dept Rep
Larry Marsell, Alternate Retiree Rep
Greg White, Teachers Union Rep, Vice Chairman
Matthew Waugh, Police Union Rep, Chairman
Robert Nemet, Highway Dept
Mary Bousquet, Liaison

Guests: Kevin Walsh, GBS Insurance
Peter Cook, LifePlus

The meeting was called to order at 3:02 by Mr. Waugh.

1. **Minutes of the March 11, 3013.**

Motion by Mr. Cassidy to approve the minutes. Seconded by Leslie McDonnell.
Vote: Unanimous with one abstention: Ms. Greendale

2. **FY15 Health Insurance Rates**

Ms. Bousquet presented the new FY15 Health Insurance Rates that were approved by the West Suburban Health Group (WSHG). Ms. Bousquet explained that the rates of FY14 were underfunded by the WSHG to lessen the impact on the employees that changed to the new rate saver plans. Ms. Bousquet explained that the FY14 rates where subsidized by $5,500,000 from the fund balance and it appears that the fund balance will be used this year to offset the rates. The FY15 rates are also subsidize by $2,000,000. She also explained that the large increase for BC/BS and Tufts is because of the lower enrollments and high claims. Questions were also raised from Mr. Waugh and Mr. White of Ms. Bousquet pertaining to the Board of Selectmen's intention to open negotiations to move to the benchmark plans. The Committee was informed that the decision hadn't been made yet.

Motion by Ms. McDonnell to accept the FY15 Health Insurance Rates as presented. Seconded by Mr. Nemet.
Vote: Unanimous

3. **Dental Insurance**

Kevin Walsh from GBS Insurance presented the new FY15 dental insurance rates. Mr. Walsh explained that our current carrier, Altus Dental, had a rate cap of 9% for FY14 and the calculated rate came in it at 9.08%. He informed that group that he when back to Altus and was able to negotiate a rate increase of 3%. He also explained that the IAC had options to considered which consisted of The following:

1. Accept the Status Quo Renewal (3%) and seek competitive quotes for next year.
2. Accept a Three-Year Arrangement as offered (3%/9%/9%)
3. Negotiate a Three-Year Arrangement (lower year rate cap).
4. Seek competitive quotes for July 2014 on a single or multi-year arrangement.

Mr. Walsh informed the committee that the other carriers are Delta Dental, MetLife, BlueCross and Guardian. Messrs. Waugh and White like the idea of competitive quotes to see what kind of rates could be obtained.

Mr. Cassidy liked the first option of 3% for Fy15 and obtain quotes for Fy16.

Motion made by Mr. Nemet to accept the 3% rate increase for Fy15 and go out for competitive quotes for FY16. Seconded by Mr. White.
Vote: Unanimous

4. **Life, Cancer and Long Term Disability Insurances**

Peter Cook from Life Plus who handles our group life insurance, permanent life, cancer and long-term disability insurances provided information on the following categories. Mr. Cook provided us with information regarding our current group life insurance, see attachments.

1. Group Life Insurance (Plan A)

Boston Mutual is our current carrier and also the largest provider of life insurance. There is an annual $5,000 in total savings from the current rates to the new proposed rates. He received four quotes from Boston Mutual, Standard, Lincoln and Unum. Assurance, MetLife and The Hartford declined to quote.

Boston Mutual and Standard came in with rates for $5,000 active/$3,000 retires at the rate of $.88/thousand. Both have a 2 year guarantee on the rate. Mr. Cook suggested that we stay with Boston Mutual.

2. Optional Life Insurance (Plan B)

Mr. Cook explained our current option life insurance plan and also a new proposal by Boston Mutual based on Issue Age. See attachment

There would be a full re-enrollment. New participants would have to complete a 2 page questionnaire.

Motion to accept Boston Mutual's Plan B Issue Age proposal made by Mr. White. Seconded by Mr. Nemet.
Vote: Unanimous, Mr. Cassidy absent for the vote

Based upon the vote for Optional Life Insurance (Plan B) we were offered a new proposal from Boston Mutual. See attachment

Mr. Cook recommended that we increase the amount of insurance for active employees only from the current $5,000 to $10,000 and leave the retiree coverage at $3,000.

Motion made by Mr. White to approve Proposal 3 that has $10,000 actives/$3,000 retiree at a cost of $.70/thousand. Mr. Nemet seconded the motion.
Vote: 5 in favor, 1 opposed (Mr. Waugh prefers Proposal 2 $10,000 actives/$5,000 retirees at a cost of $.82/thousand)

3. Permanent Life Insurance (Plan C)

Mr. Cook explained that Allstate is our current carrier and that we should remain with Allstate because the offer the best rates for permanent life insurance.

Motion made by Mr. White to retain Allstate for our permanent life insurance carrier. Seconded by Mr. Nemet
Vote: Unanimous

4. Long Term Disability Insurance

Mr. Cook received quotes from Boston Mutual (current carrier), Lincoln, Standard and Unum. MetLife, The Hartford and Assurant declined to quote.

Boston Mutual and Lincoln were very close in cost, Boston Mutual $.41 and $.42 for Lincoln. The only difference between the two carriers is that Lincoln offered on Pre-Existing Conditions 3/12 for new hires and Boston Mutual as 12/12/24 which means you have to have no new diagnosis for

12 months, be treatment for 12 months, not covered for 24 months. See attachment.

Motion made by Ms. McDonnell to request that Mr. Cook request Boston Mutual to change their pre-existing conditions to 3/12.
Seconded by Mr. Nemet.
Vote: Unanimous

Motion made by Mr. Cassidy to accept the Boston Mutual proposal with the condition that the pre-existing conditions be changed to 3/12.
Seconded by Mr. White.
Vote: Unanimous

NOTE: Received a phone call from Mr. Cook on Monday, March 3, 2013, informing me that Boston Mutual had agreed to change the pre-existing condition clause to 3/12.

5. Cancer Insurance

Mr. Cook informed the committee that the Town currently has 34 employees on the cancer insurance plan. Allstate has been providing cancer insurance since 1999 along with Colonial, Aflac and Unum.

Aflac and Allstate are closest in benefits with Aflac having a first incident payout of $5,000 and Allstate $2,000. However, Aflac charges $13/week and Allstate charges $8.89/week.

Overall Mr. Cook advised that based on premiums, claims and benefit administration we should stay with Allstate. There would also be a re-enrollment for cancer insurance.

Motion was made by Mr. Nemet to remain with Allstate. Seconded by Ms. McDonnell.
Vote: Unanimous

Motion to adjourn was made by Mr. Nemet at 4:20 p.m., seconded by Mr. Marsell.
Vote: Unanimous

Respectfully submitted,

Mary A Bousquet

Mary A. Bousquet

APPROVED ON 4/30/14

TOWN OF HOLLISTON

OPTIONAL LIFE INSURANCE-PLAN B

EFFECTIVE JULY 1, 2014

New Coverage/Pricing for July 1, 2014

What is optional life insurance?

Optional life insurance is term life insurance and accidental death and dismemberment coverage you may purchase.

You must purchase Basic Life Insurance-Plan A in order to purchase Optional Life Insurance-Plan B.

How much insurance can I buy?

An employee may elect to purchase additional insurance in increments of $10,000 to a maximum of $500,000 or 5 times your salary whichever is less.

What are the benefits of purchasing optional life insurance?

Employees are guaranteed to receive the following payouts:

Under the age of 60	$100,000
Between 60 and 69	$50,000
Over the age of 70	$10,000

If you elect to cover your spouse, they will receive the following payouts:

Under the age of 60	$30,000
Between 60 and 69	$20,000
Over the age of 70	Not Eligible

If you elect to cover your dependent, they will receive the following payouts:

14 days to 1 year	$1,000
1 year to 19	$10,000

Does the coverage reduce at any time?

Yes. Employee who are still working will have coverage reductions as follows:

65% at age 70

50% at age 75

35% at age 80

25% at age 85

20% at age 90

15% at age 95

Note: If you retire prior to the age of 60, the plan is portable with Boston Mutual. If you retire after the age of 60, insurance coverage terminates upon retirement.

Insurance on your spouse shall terminate upon the attainment of age 70.

Insurance on your dependents terminates upon notice to Boston Mutual that all dependents are no longer eligible. Dependents are only covered to the age of 19, 25 if full-time student or handicapped children over the age of 19. Dependents are not eligible if they are confined in a medical facility.

What are the costs?

Monthly Employee and Spouse Rates per $1,000 of coverage

Age	Cost per Thousand
Less than 35	$.10
35 to 39	$.14
40-44	$.20
45-49	$.31
50-54	$.52
55-59	$.78
60-64	$1.09
65-60	$1.98
70-74	$3.45
75 & over	$5.94

Dependent Life Cost: $1.90 for $10,000 family unit (life insurance only)

Can this policy be deducted from my paycheck as other benefits?

Yes, the optional term life insurance also includes convenient payroll reductions.

Will I need to re-enroll for the new optional term life insurance if I already have coverage?

Yes. Employees currently enrolled will need to re-enroll during open enrollment. Employees enrolling for the first time will have to complete a two page questionnaire. Please see the list of scheduled enrollment meetings.

What happens if I don't re-enroll?

If you do not re-enroll during open enrollment you will automatically lose your coverage effective June 30, 2014.

How do new employees enroll in this plan?

New employees have 30 days from their hire date to enroll in the optional term life insurance. Applications are available at the Treasurer/Collector's Office at Town Hall, 703 Washington Street, Holliston.

Should I wait until I'm older to sign up for coverage?

Each employee is offered one opportunity to sign up for this coverage without having to submit medical evidence of insurability. This means that in your first 30 days of employment you are guaranteed up to $100,000 of insurance without having to answer any medical questions. When you get older you may not be medically capable of qualifying.

How can I get more information?

Contact the Treasurer/Collector's office at 508-429-0602

Allstate at Work®

cancer insurance

Group Trust

No one likes to think about getting cancer. But it will still affect **1 in 2 men** and **1 in 3 women.**[1] Cancer may not be preventable, but you can protect yourself from some of the costs. Cancer insurance can help you: Manage the high expenses of treatment; Preserve savings; Protect your family from financial hardship; Concentrate on getting well.

Our cancer insurance pays you benefits that can be used for non-medical cancer-related expenses that health insurance might not cover.

- The policy is guaranteed renewable for life, subject to change in premiums by class.
- Benefits paid directly to you unless assigned
- Benefits paid in addition to any other coverage
- Individual or family coverage

Would your finances survive cancer treatments?

1. *Cancer Facts & Figures*, American Cancer Society, 2005.

Allstate®

Workplace Division

AWD6286-2

Allstate Workplace Division Heritage Provider Series Group Trust Benefits

Basic plan consists of GT-Heritage Provider Series benefit level Option A. Enhanced plan consists of GT-Heritage Provider Series benefit level Option I. Premier plan consists of GT-Heritage Provider Series benefit level Option II. Additional riders may be added to each plan and are included on the appropriate state-specific rate insert.

THE TOWN OF HOLLISTON OFFERS THE PREMIER OPTION

Benefits	BASIC	ENHANCED	PREMIER
First Occurrence - We pay the amount shown when a covered person is diagnosed for the first time as having cancer, other than skin cancer. Payable only once for each covered person.	$1,000	$1,500	$2,000
Hospitalization-Related Benefits			
Continuous Hospital Confinement - (1) We pay the amount shown for each day of continuous hospital confinement for cancer treatment up to 70 days. (2) We pay the amount shown for the 71st through 90th day of continuous hospital confinement for cancer treatment. (3) After 90th day, we pay charges up to the amount shown until the end of the continuous hospital confinement (in lieu of benefits that would otherwise be payable, except the waiver of premium benefit). We pay the amount shown if confined in a U.S. government hospital.	1. $250/day 2. $350/day 3. $550/day	1. $300/day 2. $400/day 3. $600/day	1. $350/day 2. $450/day 3. $650/day
Drugs and Diagnostic Testing - We pay charges made by the hospital for drugs, medicine and diagnostic testing related to cancer treatment up to the amount shown each day, for each day a covered person is an inpatient receiving cancer treatment. (Does not pay for drugs covered under the radiation/chemotherapy benefit.)	$40/day		
Attending Doctor or Surgeon - We pay charges up to the amount shown each visit for the services of an attending doctor or surgeon while a covered person is an inpatient receiving cancer treatment. (Limit of one visit by one doctor or surgeon each day.)	$30/day	$35/day	$40/day
Private Nursing - While a covered person is an inpatient receiving cancer treatment, we pay charges up to the amount shown each day if the covered person requires the full-time services of a private nurse for at least 8 hours during a 24-hour period. Must be required and authorized by a doctor for cancer treatment and must be provided by a nurse not related to the covered person.	$125/day		
Transportation and Lodging Benefits			
Ambulance - We pay charges up to amount shown for each continuous hospital confinement for transportation of the covered person by a licensed air or surface ambulance service to or from a hospital in which the covered person is confined for treatment.	$200/confinement		
Patient Transportation - We pay charges for the lowest unrestricted published coach class plane, train or bus fare or the amount shown each mile (up to 1,000 miles each way) if a covered person must travel more than 100 miles one way from home to receive covered cancer treatments (no limit of trip) or to receive consultation (once each calendar year) about his or her cancer at a Comprehensive or Clinical/Cancer Center (as defined by the National Cancer Institute).	coach fair or $.20/mile	coach fair or $.25/mile	coach fair or $.30/mile
Family Member Transportation - If a covered person is an inpatient in a hospital more than 100 miles from home for covered cancer treatment prescribed by a doctor not available within 100 miles from home, we pay charges of the lowest unrestricted published coach class plane, train or bus fare or the amount shown each mile (up to 1,000 miles each way) for a family member to accompany the covered person. This benefit is limited to two one-way trips for each period of continuous hospital confinement. This benefit will not be paid if a mileage benefit is paid for the covered person and the family member lives in the same city as the covered person.	coach fair or $.20/mile	coach fair or $.25/mile	coach fair or $.30/mile
Family Member Lodging - If a covered person is hospitalized as an inpatient more than 100 miles from home for covered cancer treatment not available within 100 miles of home, we will pay charges for lodging of a family member who accompanies the covered person up to the amount shown each day for up to 60 days for each continuous hospital confinement.	$40/day	$50/day	$60/day
Extended Care Benefits			
Skilled Nursing Facility - If confined due to cancer within 14 days of a covered hospital confinement for cancer treatment, we pay charges of the skilled nursing facility up to the amount shown each day for up to a number of days equal to the days of the immediately preceding covered hospitalization.	$100/day	$125/day	$150/day

* Benefit amounts in white are the same for Basic, Enhanced, and Premier plans.

Extended Care Benefits (cont.)		ENHANCED	PREMIER
Hospice Care - When a covered person is diagnosed with cancer; and determined by a doctor to be terminally ill as a result of cancer; and no longer receiving cancer treatment; and expected to live six months or less, we pay the amount shown each day for each of the first 60 days of hospice services at home, in a hospital on an outpatient basis or visits or confinement to a hospice facility.	$75/day	$100/day	$125/day
On the 61st day and thereafter, we pay the amount shown for every day the covered person receives hospice services. Paid in lieu of all other benefits, except Home Care Recovery and Waiver of Premium.	$25/day	$50/day	$75/day
Other Cancer Treatments Benefits			
Bone Marrow Transplants - We pay the amount shown for bone marrow transplant benefits for the following: 1) transplant for cancer treatment other than a non-autologous (donor to patient) transplant; 2) non-autologous (donor to patient) transplant for cancer treatment, other than leukemia; 3) non-autologous bone marrow transplant for cancer treatment for leukemia. Each benefit is payable only once for each covered person.	1. $500 2. $1,250 3. $2,500	1. $1,000 2. $2,500 3. $5,000	1. $2,000 2. $5,000 3. $10,000
Surgical Procedure - We pay charges up to the amount shown and subject to a maximum that varies by procedure: 1) for the purpose of treating a diagnosed cancer; 2) for the purpose of diagnosing cancer and that surgery results in a diagnosis of cancer. Two or more procedures performed at the same time through one entry point are considered one surgery. We will pay the amount specified for the procedure with the greatest benefit. This benefit does not pay for surgeries covered by other benefits in the policy.	$6,000/max Varies by surgery	$7,500/max Varies by surgery	$9,000/max Varies by surgery
Anesthesia - We pay charges up to 25% of the amount paid for the surgical procedure for which the anesthesia is received.	25% of surgery		
Second Surgical Opinion - We pay charges for an independent second opinion in conjunction with a surgery for cancer treatment (other than skin cancer) up to the amount shown. This second opinion must be rendered prior to surgery being performed and obtained from a doctor not in practice with or otherwise affiliated with the doctor giving the original recommendation.	$200	$225	$250
Ambulatory Surgical Center - We pay charges up to the amount shown each day for a covered surgical procedure performed in an ambulatory surgical center.	$250/day	$300/day	$350/day
Prosthesis and Reconstructive Breast Surgery - We will pay for one of the following benefits whose procedure provides you the greatest benefit: 1) charges up to the amount shown for a surgically implanted prosthesis, prescribed by a doctor as a direct result of cancer surgery or cancer treatment; 2) charges up to the amount shown for a non-surgically implanted prosthesis, prescribed by a doctor as a direct result of cancer surgery or cancer treatment; 3) reconstructive breast surgery, the cost of such surgery up to amount shown. We will pay the reconstructive breast surgery benefit only once for each covered person for each diagnosis of cancer.	1. $1,000 2. $100 3. $1,500	1. $2,000 2. $300 3. $1,875	1. $3,000 2. $500 3. $2,250
Radiation and Chemotherapy - We pay charges each day, up to the amount shown, for radiation therapy or chemotherapy treatments received by a covered person as part of cancer treatment. This benefit is only payable for days that radiation therapy or chemotherapy treatment is actually received for cancer treatment.	$200/day	$250/day	$300/day
Comfort and Anti-nausea Medicine - We pay charges up to the amount shown each year for prescribed anti-nausea medication in conjunction with cancer treatment received as an outpatient. Not payable for medication dispensed while the covered person is an inpatient.	$200/year		
Home Care Recovery - After discharge from a covered hospital confinement, we pay the amount shown each day for up to a total number of days equal to the days spent in the hospital receiving cancer treatment.	$15/day	$20/day	$25/day
Blood, Plasma and Platelets - We pay charges up to the amount shown each day for blood, plasma and platelets received by a covered person in conjunction with cancer treatment. We do not pay for charges incurred for the procurement or processing of blood, plasma or platelets.	$100/day	$125/day	$150/day
Waiver of Premium - If the covered person becomes disabled due to cancer first diagnosed and remains disabled for 90 consecutive days, we pay the premium that becomes due for this policy and any attached optional benefits after 90 days, for as long as the covered person remains disabled.	Yes		

* Benefit amounts in white are the same for Basic, Enhanced, and Premier plans

Renewability / Eligibility / Termination

The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice will be mailed in advance of any change. Family Plan coverage may include you, your spouse and dependent children as defined in the policy. Coverage for dependent children terminates on the policy anniversary next following the date on which the child is no longer eligible, which is the earlier of when the child marries or reaches age 21 (25 if a full-time student at an educational institution of higher learning beyond high school). Coverage for the insured's spouse ends upon valid decree of divorce.

Pre-Existing Conditions, Exclusions and Limitations

The coverage contains a pre-existing condition limitation. A pre-existing condition is a condition not revealed on the enrollment application for which medical advice or treatment was recommended by or received from a physician within a 12 month period before the effective date of the coverage. If a covered person has a pre-existing condition as defined, we do not pay for such conditions under the policy or any riders attached to the certificate during the 12 month period beginning on the date that person became a covered person. The policy does not pay for any sickness except cancer. Diagnosis must be submitted to support each claim. The policy pays benefits based on treatment of cancer, but does not pay for any disease or incapacity that has been: caused; complicated; worsened; or affected by cancer; or as a result of cancer treatment, unless coverage is specifically provided for that disease or incapacity in the Schedule of Benefits. Treatment must be received in the United States or its territories. For those benefits for which we pay actual charges up to a specified maximum amount, if specific charges are not given to us as proof of loss, we will pay 50% of the amount shown.

The policy is a Limited Benefit Cancer Policy with Optional Riders that can be added using state-specific premium inserts.

Community Support - AWD Gives Back - Allstate Workplace Division (AWD) is a proud supporter of the Cancer Treatment Research Foundation (CTRF), a national not-for-profit organization committed to defeating cancer through the relentless pursuit of the most innovative patient-driven clinical research that delivers immediate treatment options and a genuine hope for a cure. ■ AWD shares CTRF's conviction that all cancer patients need and deserve the best possible treatment available. For this reason, Allstate Workplace Division, a premier provider of cancer insurance since 1969, is a CTRF sustaining Corporate contributor helping to fund diagnostic research projects sponsored by the Cancer Treatment Research Foundation. www.ctrf.org/allstategifts.cfm

Variations to this policy may exist by state. This brochure is incomplete without appropriate premium insert.

Allstate.

Workplace Division

Rev. 2/06. Benefits are provided by the group policy is issued to the AHL 1776 Trust. Cancer insurance coverage provided by policy form GT-CBP and Certificates GT-CBP1P, GT-CBP1D, or state variations thereof. Coverage is underwritten by American Heritage Life Insurance Company, Home office: Jacksonville, Florida. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. The policy and riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from us.

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www.allstate.com or ahlcorp.com

heritage provider series group trust premiums

Wellness Benefit Rider/Cancer Screening Benefit (GT-WBR1)
We pay $50 each year for each covered person for one of the following cancer screening tests: mammography; flexible sigmoidoscopy; Pap smear (test only); chest X-ray; hemocult stool specimen; and prostate specific antigen (PSA). This benefit is payable only once for each covered person each calendar year. This benefit is paid regardless of the result of the test(s).

Intensive Care Rider (GT-ICR90)
1) If a covered person is confined in an Intensive Care Unit for any covered accident or sickness, we pay $500 each day for up to 45 days of continuous confinement. For time periods less than a day (24 hours), a pro-rata share of the daily benefit is paid. After the covered person is age 70, this benefit reduces by 50%. This benefit pays in addition to any hospital confinement benefit that may be paid for cancer treatment. 2) This ICU benefit also pays the actual cost of transportation by ambulance in conjunction with an ICU hospital confinement, if such ambulance service is not paid under the policy.

Base Plan with Wellness and Intensive Care Benefits - Basic plan consists of GT-Heritage Provider Series benefit level Option A, GT-WBR1, and (5 units) GT-ICR90. Enhanced plan consists of GT-Heritage Provider Series benefit level Option I, GT-WBR1, and (5 units) GT-ICR90. Premier plan consists of GT-Heritage Provider Series benefit level Option II, GT-WBR1, and (5 units) GT-ICR90.

BASIC	ENHANCED	PREMIER
Weekly	Weekly	Weekly
ind. $5.01	ind. $5.61	ind. $6.19
family $9.33	family $10.39	family $11.43

BASIC	ENHANCED	PREMIER
Monthly	Monthly	Monthly
ind. $21.70	ind. $24.30	ind. $26.80
family $40.40	family $45.00	family $49.50

Issue Ages: 18-64

Intensive Care Rider Exclusions/Limitations
We do not pay for intensive care if you are admitted because of: a pre-existing condition as defined in the policy; or an attempted suicide or intentional self-inflicted injury; or intoxication or being under the influence of drugs not prescribed or recommended by a physician; or alcoholism or drug addiction. We do not pay for confinements in any care unit that does not qualify as a hospital intensive care unit.

Wellness Benefit Rider GT-WBR1 Exceptions
The Exceptions and Other Limitations provision of the policy applies to the rider.

Rider Termination
The rider terminates on the earliest of: the end of the grace period for the payment of the premium for the policy coverage or this rider coverage; or the date your certificate terminates; or upon the request for termination of the rider.

This rate insert is incomplete without brochure AWD6286-2 that describes the benefits, exclusions and limitations for the policy and certificate.

This insert is for use in Massachusetts.

Workplace Division

Rev. 2/06. Cancer insurance benefits provided by policy GT-CBP and Certificate GT-CBP1P, or state variations thereof. The Wellness Benefit Rider is provided by rider GT-WBR1, or state variations thereof. Intensive Care Rider is provided by rider GT-ICR90, or state variations thereof. When applying for coverage, list on the application all policy and rider form numbers which pertain to the coverage desired. The policy and riders are underwritten by American Heritage Life Insurance Company. This insert highlights some features of the policy and riders but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. The policy and riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division.

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heritage provider series group trust premiums

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Base Plan with Wellness Benefit - Basic plan consists of GT-Heritage Provider Series benefit level Option A and GT-WBR1. Enhanced plan consists of GT-Heritage Provider Series benefit level Option I and GT-WBR1. Premier plan consists of GT-Heritage Provider Series benefit level Option II and GT-WBR1.

BASIC	ENHANCED	PREMIER
Weekly	Weekly	Weekly
ind. $3.74	ind. $4.34	ind. $4.92
family $6.79	family $7.85	family $8.89

BASIC	ENHANCED	PREMIER
Monthly	Monthly	Monthly
ind. $16.20	ind. $18.80	ind. $21.30
family $29.40	family $34.00	family $38.50

Issue Ages: 18-64

Wellness Benefit Rider GT-WBR1 Exceptions

The Exceptions and Other Limitations provision of the policy applies to the rider.

Wellness Benefit Rider Termination

The rider terminates on the earliest of: the end of the grace period for the payment of the premium for the policy coverage or this rider coverage; or the date your certificate terminates; or upon the request for termination of the rider.

This rate insert is incomplete without brochure AWD6286-2 that describes the benefits, exclusions and limitations for the policy and certificate.

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Rev. 2/06. Cancer insurance benefits provided by policy GT-CBP and Certificate GT-CBP1P, or state variations thereof. The Wellness Benefit Rider is provided by rider GT-WBR1, or state variations thereof. When applying for coverage, list on the application all policy and rider form numbers which pertain to the coverage desired. The policy and rider are underwritten by American Heritage Life Insurance Company. This insert highlights some features of the policy and rider but is not the insurance contract. Only the actual policy and rider provisions control. The policy and rider set forth, in detail, the rights and obligations of both the insured and the insurance company. The policy and rider are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division.

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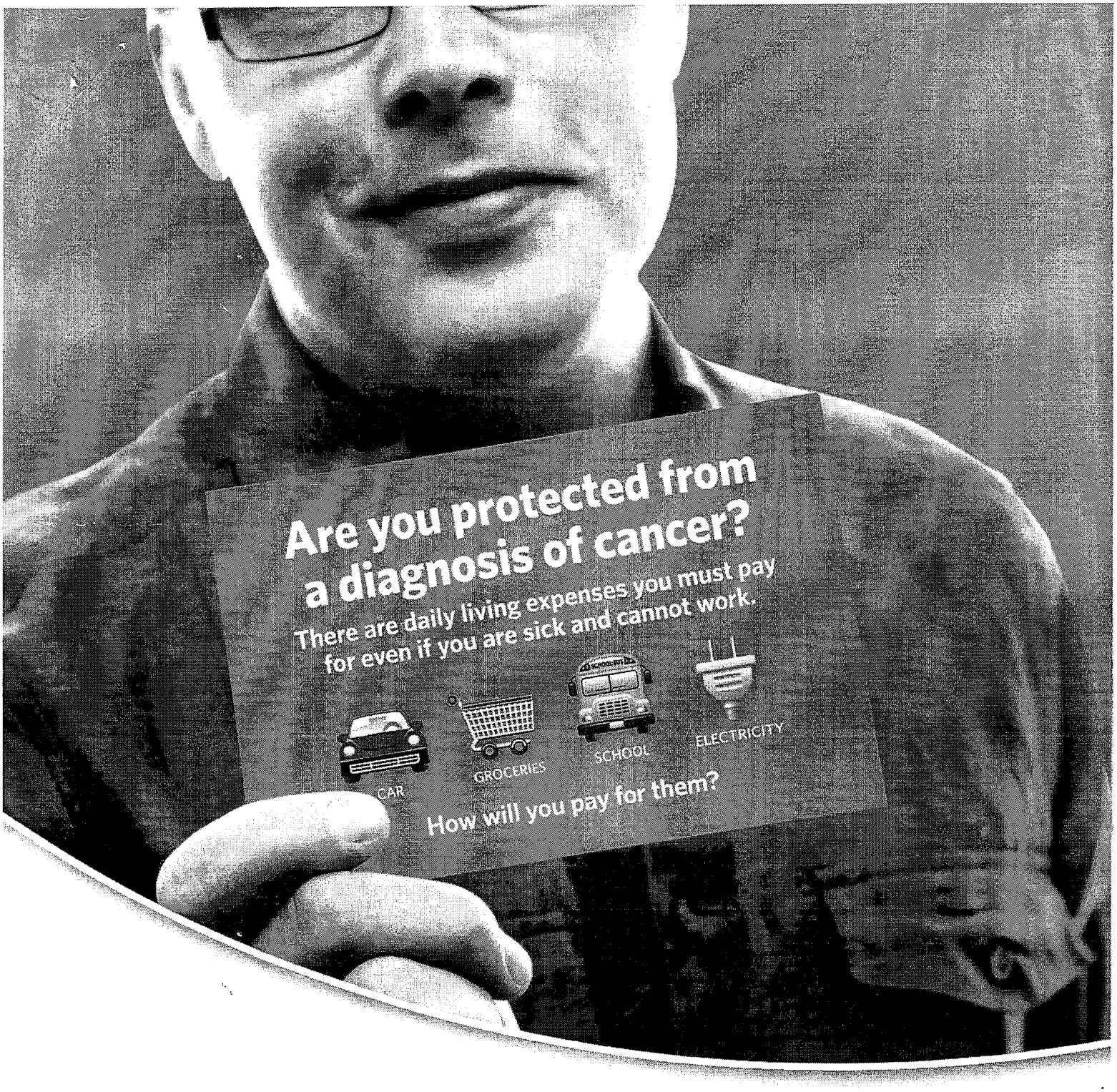


Group Cancer Insurance

Supplements existing coverage and can provide cash to help with medical and living expenses

Group voluntary cancer from Allstate Benefits pays cash benefits for cancer and 29 specified diseases to help with the costs associated with treatments and expenses as they happen.

Allstate BENEFITS

cancer and specified disease

Receiving a diagnosis of cancer or a specified disease can be difficult on anyone, both emotionally and financially. Having the right coverage to help when undergoing treatments for cancer or a specified disease is important. Our coverage can help provide added financial support when it is needed most.

Our coverage helps offer peace of mind when a diagnosis of cancer or a specified disease occurs. Below is an example of how benefits might be paid.*

SEE ATTACHED RATE SHEET

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see pages 2a and/or 2b for your plan details.

meeting your needs

Our cancer coverage can help offer you and your family financial support.

- Benefits paid directly to you unless otherwise assigned
- Coverage for you or your entire family
- No evidence of insurability required at initial enrollment†
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts**
- Portable

† Enrolling after your initial enrollment period requires evidence of insurability.
** Primary insured only.

benefit coverage highlights

Cancer and specified disease benefits can help cover the costs of specific treatments and expenses as they happen. Terms and conditions for each benefit will vary. Benefit amounts are shown on pages 2a and/or 2b.

Specified Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thallasemia, Rocky Mountain Spotted Fever, Legionnaire's Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis.

HOSPITAL AND RELATED BENEFITS

Continuous Hospital Confinement - Pays a benefit for each day of inpatient confinement.

Government or Charity Hospital - Pays a benefit for each day of inpatient confinement to a U.S. government hospital or a hospital that does not charge for its services. In lieu of all other benefits.

Private Duty Nursing Services - Pays a daily benefit when receiving physician-authorized inpatient private nursing services.

Extended Care Facility - Pays a daily benefit for physician-authorized inpatient confinement (within 14 days of a hospital stay).

Wellness tests annually

A doctor visit is scheduled

Tests are run and results received

You get paid cash

At Home Nursing - Pays a daily benefit for physician-authorized private nursing care (up to the number of days of the previous hospital stay).

Hospice Care - Pays a benefit when a physician determines terminal illness and approves hospice care at home (1 visit per day) or in a freestanding hospice care center.

RADIATION, CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - Pays a benefit for covered treatment to destroy or modify cancerous tissue.

Blood, Plasma, and Platelets - Pays a benefit for blood, plasma, and platelets. Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not include donor replaced blood or immunoglobulins.

Medical Imaging - Pays a benefit for an initial diagnosis or follow-up evaluation.

Hematological Drugs - Pays a benefit for drugs to boost cell lines when Radiation/Chemotherapy for Cancer benefit is paid.

SURGERY AND RELATED BENEFITS

Surgery* - Pays a benefit for an inpatient or outpatient operation listed in the Schedule of Surgical Procedures.

Anesthesia - Pays 25% of surgery benefit.

Ambulatory Surgical Center - Pays a benefit for surgery at an ambulatory surgical center.

Second Opinion - Pays a benefit for a second surgical opinion.

Bone Marrow or Stem Cell Transplant - Pays a benefit for transplants.

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - Pays a daily benefit for inpatient drugs and medicine.

Physician's Attendance - Pays a daily benefit for one inpatient visit.

Ambulance - Pays a benefit for transfer by ambulance service to or from a hospital.

Non-Local Transportation - Pays a benefit for transportation for treatment not available locally (up to 700 miles).

Outpatient Lodging - Pays a daily benefit for lodging when receiving radiation or chemotherapy on an outpatient basis non-locally (more than 100 miles from home).

Family Member Lodging and Transportation - Pays a benefit for one adult family member when confined at a non-local hospital for specialized treatment (more than 100 miles from family member's home).

Physical or Speech Therapy - Pays a daily benefit for physical or speech therapy to restore normal body function.

New or Experimental Treatment - Pays a benefit for physician-approved new or experimental treatments not paid under other benefits.

Prosthesis - Pays a benefit for a prosthetic device that requires surgical implanting.

Hair Prosthesis - Pays a benefit for a wig or hairpiece when hair loss is experienced.

Nonsurgical External Breast Prosthesis - Pays a benefit for the initial nonsurgical breast prosthesis after a covered mastectomy.

Anti-Nausea Benefit - Pays a benefit for prescribed anti-nausea medication administered on an outpatient basis.

Waiver of Premium (primary insured only) - Pays premiums after disabled 90 days in a row due to cancer, for as long as disability lasts.

OPTIONAL/ADDITIONAL BENEFITS

Cancer Initial Diagnosis - Pays a one-time benefit if diagnosed for the first time with cancer (except skin cancer).

Wellness - Pays a benefit each calendar year for one of the following: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) and PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein

*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures.

Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

Intensive Care - Pays a daily benefit for Intensive Care Unit Confinements for any illness or accident (up to 45 days for each stay), Step-down Intensive Care Unit Confinements (up to 45 days for each stay) and air or surface ambulance to a hospital intensive care unit.

CERTIFICATE SPECIFICATIONS

Eligibility - Coverage may include you, your spouse or domestic partner and children under age 26.

Termination of Coverage - (a) Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible. (b) Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. (c) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends.

LIMITS, EXCLUSIONS AND EXCEPTIONS

Pre-Existing Condition - (a) Allstate Benefits does not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. (b) A pre-existing condition is a disease or condition for which symptoms existed within the 12-month period prior to the effective date; or (c) medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. (d) A pre-existing condition can exist even though a diagnosis has not yet been made.

Cancer and Specified Disease Benefits Exclusions and Limitations - (a) Allstate Benefits does not pay for any loss, except for losses due to cancer or a specified disease. (b) Benefits are not paid for conditions caused or aggravated by cancer or a specified disease.

Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

For the **Surgery, New or Experimental Treatment and Prosthesis** benefits, Allstate Benefits pays 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the **Radiation/Chemotherapy for Cancer** benefit, Allstate Benefits does not pay for: (a) any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; or (b) treatment planning consultation; management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; or the diagnostic tests related to these treatments; or (c) any devices or supplies including intravenous solutions and needles related to these treatments.

Intensive Care Benefits Exclusions and Limitations - (a) Benefits are not paid for: (1) attempted suicide or intentional self-inflicted injury; (2) intoxication or being under the influence of drugs not prescribed by a physician; or (3) alcoholism or drug addiction. (b) Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, step-down and other lesser care units. (c) Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. (d) Benefits are not paid for confinements occurring during a hospitalization prior to the effective date. (e) Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life. (f) We do not pay for ambulance if paid under the cancer and specified disease ambulance benefit.

STATE VARIATIONS

Pennsylvania - (changes affect page 4) - In the **Pre-Existing Condition** Limit, item (a) is replaced with: Allstate Benefits does not pay benefits for a pre-existing condition during the 1 year period beginning on the date that person's coverage starts; items (b) and (c) are replaced with: (b) A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 90-day period prior to the effective date.

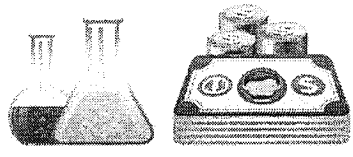
Now Is The Time...

Don't wait for a diagnosis

Being diagnosed with cancer can be one of the most frightening experiences anyone has to face, especially if you are unprepared. The out-of-pocket costs associated with cancer treatment may reduce your finances. Don't wait for a diagnosis to decide you need coverage, because by that time it will be too late. Get the protection you need today, and rest easy knowing you are protected in the event you are diagnosed.

Budget friendly

Sometimes, receiving proper cancer treatment is difficult if money is tight. That's where we can help. Your employer has worked with us to create a supplemental benefit package that can fit your needs and work within your budget.



Our supplemental insurance can help you and your family cover expenses for cancer and specified disease treatments if a diagnosis occurs.

It's never too early to prepare for the future.

Rev. 8/13. This material is valid as long as information remains current, but in no event later than August 15, 2016. Group Cancer and Specified Disease benefits provided by policy GVCP3, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Health Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

This brochure is for use in enrollments which are sitused in: MA, PA, RI

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

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group voluntary cancer

	PLAN
HOSPITAL AND RELATED BENEFITS	
Continuous Hospital Confinement (daily)	$200
Government or Charity Hospital (daily)	$200
Private Duty Nursing Services (daily)	$200
Extended Care Facility (daily)	$200
At Home Nursing (daily)	$200
Hospice Care Center (daily) or Hospice Care Team (per visit)	1. $200 2. $200
RADIATION, CHEMOTHERAPY AND RELATED BENEFITS	
Radiation/Chemotherapy for Cancer (every 12 mos.)	$5,000*
Blood, Plasma, and Platelets (every 12 mos.)	$5,000*
Medical Imaging (yearly)	$250*[4]
Hematological Drugs (yearly)	$100*
SURGERY AND RELATED BENEFITS	
Surgery	$3,000*[2]
Anesthesia (% of surgery)	25%
Ambulatory Surgical Center (daily)	$500
Second Opinion	$400
Bone Marrow or Stem Cell Transplant 1. Autologous 2. Non-autologous 3. Non-autologous for leukemia	1. $1,000[4] 2. $2,500[4] 3. $5,000[4]
MISCELLANEOUS BENEFITS	
Inpatient Drugs and Medicine (daily)	$25
Physician's Attendance (daily)	$50
Ambulance (per confinement)	$100
Non-Local Transportation (per trip or mile)	Coach Fare or $0.40
Outpatient Lodging (daily)	$50*[1]
Family Member Lodging (daily) and Transportation (per trip or mile)	$50* Coach Fare or $0.40
Physical or Speech Therapy (daily)	$50
New or Experimental Treatment (every 12 mos.)	$5,000*
Prosthesis	$2,000*[3]
Hair Prosthesis (every 2 years)	$25
Nonsurgical External Breast Prosthesis	$50*
Anti-Nausea Benefit (yearly)	$200*
Waiver of Premium (primary insured only)	Yes
ADDITIONAL BENEFITS	
Cancer Initial Diagnosis	$7,000[5]
Wellness (yearly)	$50[4]

Listed to the left are benefit amounts associated with the benefits described in the brochure.

* Benefit pays for charges/costs up to amount listed

[1] Limit $2,000/12 mo. period

[2] Based on procedure up to maximum shown

[3] Per amputation

[4] Payable once/covered person/calendar year

[5] One-time benefit

Allstate. BENEFITS

CANCER INSURANCE RATES EFFECTIVE JULY 1, 2014

	INDIVIDUAL	FAMILY
WEEKLY	$4.89	$8.37
BI-WEEKLY	$9.78	$16.74
MONTHLY	$19.56	$33.48